

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

15090

1. PLACE OF DEATH

108 County Vernon Registration District No. 875
 2 Township _____ Primary Registration District No. 3039
 7 City Neopda (No. _____) St. _____ Ward _____

2. FULL NAME Thomas J. Payer
 (a) Residence, No. _____ St. 5 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 92
 _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lebba Ellen Payer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1858
 7. AGE YEARS 73 MONTHS 5 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1932
 22. I HEREBY CERTIFY That I attended deceased from 2-15, 1932 to 4-16, 1932
 I last saw him alive on 4-1, 1932 Death is said to have occurred on the date stated above, at 2:05 PM.
 The principal cause of death and related causes of importance were as follows:

IIA
Chronic Bronchitis + Influenza
do not know how long he has had Bronchitis
 Other contributory causes of importance:
IIA

Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) J. T. Hombeck, M. D.
 (Address) Neopda, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 13. NAME William Payer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Susana Whitehead
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 17. INFORMANT Mrs. J. G. Payer
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oliver Granch DATE 4-18-32
 19. UNDERTAKER John E. Myers
 (ADDRESS) _____
 20. FILED 4-21-32 E. R. King Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

